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WOODCOCK WASHBURN LLP
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01/31/2005 LWONDIM2 00000025 10089167

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EXPRESS MAIL LABEL NO: EL 999285005 US
DATE OF DEPOSIT: January 26, 2005

EL 999285005US

APPLICATION NO. 10/089,167	FILING DATE 08/29/2002	FIRST NAMED INVENTOR Werner Mederski	ATTORNEY DOCKET NO. 3DP-0558/PRD2417USNP1	CONFIRMATION NO. 9724
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TITLE OF INVENTION: QUINAZOLINONES

APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1400	PUBLICATION FEE \$0	TOTAL FEE(S) DUE \$1400	DATE DUE 02/15/2005
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EXAMINER BALASUBRAMANIAN, VENKATARAMAN	ART UNIT 1624	CLASS-SUBCLASS 514-266310
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents.
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1 Woodcock Washburn LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

3-DIMENSIONAL PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

EXTON, PA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual☒ corporation or other private group entity☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3050 (enclosed is an extra copy of this form).

5. Change in Entity Status (from status indicated below)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Authorized Signature

Wendy A. Chou

Date

January 26, 2005

Typed or printed name

Wendy A. Chou

Registration No.

36,697

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